EXHIBIT 3

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

BARBARA CONNICK	*	
	*	
Plaintiff	*	
	*	
v.	*	**CIVIL ACTION NO.**
	*	
	*	**04-12208-WGY**
CONTINENTAL CASUALTY COMPANY	*	
	*	
	*	
Defendant	*	
	*	

PLAINTIFF' BARBARA CONNICK' RESPONSE
TO DEFENDANTS FIRST REQUEST FOR PRODUCTION OF DOCUMENTS

Pursuant to Rule 34 of the Federal Rules of Civil Procedure, Plaintiff Barbara Connick ("Connick") hereby responds to the First Request for Production of Documents of Defendant, Optos, Inc., as follows. Inspection and copying, or production as the case may be, will be in such a manner and at such time and place as the parties agree.

GENERAL OBJECTIONS

1. Connick objects to Defendant's requests to the extent that they seek production o documents protected by the attorney-client privilege, work-product immunity, or any other privilege or immunity. Should any such production occur, it is inadvertent and shall not constitute a waiver of any privilege, immunity, or any other ground for objecting to discovery with respect to such documents or any other documents, or parts thereof, or Bittner's right to object to the same during this proceeding or during any subsequent litigation.

2. Connick objects to Defendant's requests to the extent that they seek to impose obligations beyond those contained in rules and regulations governing this proceeding.

3. Connick objects to producing any documents that contain confidential or proprietary information, unless the parties agree to and execute a mutually agreeable confidentiality stipulation and protective order, which is approved by the court.

4. These general objections are incorporated by reference into each and every objection and response below. Failure to allege a particular general objection (or the fact that a particular general objection is alleged) in a specific objection or response does not constitute a waiver of the remaining general objections. Should Defendant's counsel not understand or agree with these general objections or which general objections apply to a specific request, counsel should confer for clarification.

SPECIFIC OBJECTIONS. AND RESPONSES

RESPONSE NO. 1:

OBJECTION: The request is vague and overbroad. However, without waiving said objection see all documents attached hereto. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards.

RESPONSE NO. 2:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards.

RESPONSE NO. 3:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards.

RESPONSE NO. 4:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards

RESPONSE NO. 5:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards

RESPONSE NO. 6:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards

RESPONSE NO. 7:

See documents attached hereto as Exhibit 1. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards

RESPONSE NO. 8:

None.

RESPONSE NO. 9:

None.

RESPONSE NO. 10:

None.

RESPONSE NO. 11:

See Abbi G. Laushine E Mail entitled "Huddle Wednesday November 17th" attached to Exhibit 1 and documents from the Quincy Police Department attached to Exhibit 1.

RESPONSE NO. 12:

See documents attached hereto as Exhibit 1, and 2. Also see the transcripts of the depositions of Barbara Connick, Abbi Laushine and Charles Edwards

RESPONSE NO. 13:

Complainant objects to the Request as it seeks documents that are not relevant to the instant matter. Without waiving said objection, attached hereto as Exhibit 2 are various records from doctor's who have treated Ms. Connick for emotional and physical injuries arising from Respondent's discriminatory conduct. Also see the transcripts of the depositions of Barbara Connick,

RESPONSE NO. 14:

See documents attached hereto as Exhibit 3. See also Position Statement filed with the MCAD.

RESPONSE NO. 15:

None.

CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document was served upon the attorney of record for each party by Federal Express on August 1, 2005.

HOWARD I WILGOREN

EXHIBIT 4

Sonnenschein
SONNENSCHEIN NATH & ROSENTHAL LLP

8000 Sears Tower
233 South Wacker Drive
Chicago, IL 60606
312.876.8000
312.876.7934 fax
www.sonnenschein.com

Chicago
Kansas City
Los Angeles
New York
San Francisco
Short Hills, N.J.
St. Louis
Washington, D.C.
West Palm Beach

Catherine Nasser
312-876-7528
cnasser@sonnenschein.com

May 24, 2005

VIA FEDERAL EXPRESS

Mr. Howard I. Wilgoren
Law Office of Howard I. Wilgoren
6 Beacon Street, Suite 700
Boston, MA 02108

Re: Barbara Connick v. Continental Casualty Company

Dear Mr. Wilgoren:

Enclosed please find the following documents in connection with the above-reference matter:

1. Defendant's Initial Disclosures Pursuant to Fed. R. Civ. P. 26(a)(1).
2. Defendant's First Set of Interrogatories to Plaintiff.
3. Defendant's First Request for Production of Documents.
4. Medical releases to be signed by Ms. Connick and returned to undersigned counsel by June 3, 2005.

Sincerely,

Catherine S. Nasser

Enclosures

cc: J. Goldman
D. Gruen

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

1. I hereby authorize Name of hospital/physician
Dr. Robert Sipcener
500 Congress Street
Quincy, MA 02169
(1) to use or disclose the following protectedhealth information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: (Street, City, State, Zip) c/o Howard I. Wilgoren
6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 02108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)

___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify	
___ Blood Alcohol	___ Venereal Disease		

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):

6. **The above information is disclosed for the following purposes:**

___ Medical Care X Legal ___ Insurance ___ Personal ___ Other

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here ___

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. ___
Signature of Patient or Legal Representative

b. ___
Date

c. ___
Printed Name of Patient or Patient's Legal Representative

d. ___
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

IMPORTANT:
THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL NUMBERED ENTRIES (INCLUDING SUB-PARTS) ARE COMPLETED

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Name of hospital/physician
Kate Taylor, L.I.C.S.W.
Nova Psychiatric Services
1261 Furnace Brook Parkway, Suite 31
Quincy, MA 02169

1. I hereby authorize _____
(1) to use or disclose the following protectedhealth information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 02108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)

___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify	_____
___ Blood Alcohol	___ Venereal Disease	_____	

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):
_____

6. **The above information is disclosed for the following purposes:**

___ Medical Care X Legal ___ Insurance ___ Personal ___ Other _____

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here _____

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. _____
Signature of Patient or Legal Representative

b. _____
Date

c. _____
Printed Name of Patient or Patient's Legal Representative

d. _____
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Name of hospital/physician
Dr. Colella
Nova Psychiatric Services
1261 Furnace Brook Parkway, Suite 31

1. I hereby authorize Quincy, MA 02169
(1) to use or disclose the following protectedhealth information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 02108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)

___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify	
___ Blood Alcohol	___ Venereal Disease		

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):

6. **The above information is disclosed for the following purposes:**

___ Medical Care X Legal ___ Insurance ___ Personal ___ Other

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here ___

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. _____
Signature of Patient or Legal Representative

b. _____
Date

c. _____
Printed Name of Patient or Patient's Legal Representative

d. _____
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Name of hospital/physician
CNA Disability Benefits Department
Short Term/Long-Term Disability

1. I hereby authorize Claims File Management
(1) to use or disclose the following protectedhealth information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 02108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)

___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify	
___ Blood Alcohol	___ Venereal Disease		

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):

6. **The above information is disclosed for the following purposes:**

___ Medical Care X Legal ___ Insurance ___ Personal ___ Other

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here ___

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. ___ **Signature of Patient or Legal Representative**
b. ___ **Date**
c. ___ **Printed Name of Patient or Patient's Legal Representative**
d. ___ **Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient** (if applicable)

IMPORTANT:
THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL NUMBERED ENTRIES (INCLUDING SUB-PARTS) ARE COMPLETED

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Name of hospital/physician
(social security disability income release)

1. I hereby authorize _____
(1) to use or disclose the following protectedhealth information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 02108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)			
___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
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___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify _____	
___ Blood Alcohol	___ Venereal Disease		

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):
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6. **The above information is disclosed for the following purposes:**
___ Medical Care X Legal ___ Insurance ___ Personal ___ Other _____

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here _____

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. _____
Signature of Patient or Legal Representative

b. _____
Date

c. _____
Printed Name of Patient or Patient's Legal Representative

d. _____
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

Sonnenschein
SONNENSCHEIN NATH & ROSENTHAL LLP

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233 South Wacker Drive
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West Palm Beach

Catherine Nasser
312-876-7528
cnasser@sonnenschein.com

September 1, 2005

VIA FEDERAL EXPRESS

Mr. Howard I. Wilgoren
Law Office of Howard I. Wilgoren
6 Beacon Street, Suite 700
Boston, MA 02108

Re: Barbara Connick v. Continental Casualty Company

Dear Mr. Wilgoren:

Enclosed please find the following documents in connection with the above-referenced matter:

1. Two additional medical releases to be signed by Ms. Connick and returned to the undersigned counsel as soon as possible.

2. Defendant's Requests to Barbara Connick for Admission.

Sincerely,

Catherine S. Nasser

cc: J. Goldman
D. Gruen

14457036

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Gil Peters
Nova Psychiatric Services, P.C.
1261 Furnace Brook Parkway
Quincy, MA 02169

1. I hereby authorize _____ (1) to use or disclose the following protected
Name of hospital/physician
health information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

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Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 01108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)

___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify	_____
___ Blood Alcohol	___ Venereal Disease	_____	

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law):
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6. **The above information is disclosed for the following purposes:**

___ Medical Care X Legal ___ Insurance ___ Personal ___ Other _____

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here _____

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. _____
Signature of Patient or Legal Representative

b. _____
Date

c. _____
Printed Name of Patient or Patient's Legal Representative

d. _____
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

IMPORTANT:
THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL NUMBERED ENTRIES (INCLUDING SUB-PARTS) ARE COMPLETED

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION PURSUANT TO THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA)

Gil Peters
Nova Psychiatric Services, P.C.
1261 Furnace Brook Parkway
Quincy, MA 02169

1. I hereby authorize _____ (1) to use or disclose the following protected
Name of hospital/physician
health information from the medical records of the patient listed below, and (2) to answer at a deposition or trial any questions pertaining to such information. I understand that information used or disclosed pursuant to this authorization could be subject to re-disclosure by the recipient(s) and, if so, may not be subject to federal or state laws protecting its confidentiality.

2. **Patient's Name:** Barbara C. Connick Date of Birth: 02/12/1962
Address: c/o Howard I. Wilgoren
(Street, City, State, Zip) 6 Beacon Street, Suite 700
Boston, MA 02108

3. **Information to be disclosed to the following individuals:**
INSERT ATTORNEY NAMES OR OTHER PARTIES WHO WILL BE PRIVY TO MEDICAL RECORDS

Name & Address		
Attorneys and agents from the law offices of: Sonnenschein Nath & Rosenthal LLP 8000 Sears Tower Chicago, IL 60606	The United States District Court for the District of Massachusetts	Attorneys and agents from the law offices of: Howard I. Wilgoren Law Offices of Howard I. Wilgoren 6 Beacon Street, Suite 700 Boston, MA 01108

4. **Relevant treatment dates:** January 1, 1994 to The present date.

5. **Records Sought (includes any documents *relating* to the following, including those related to treatment and referral):**

X Complete Records (Includes all categories on this page)			
___ Outpatient Reports	___ Consultations	___ Physical Therapy	___ Abstracts
___ Discharge Summary	___ Emergency Reports	___ Face Sheets	___ X-Rays
___ HIV/AIDS	___ Laboratory Documents	___ Physical History	___ Pathology Reports
___ Social Worker	___ Psychotherapy (Notes+)	___ Childbirth	___ Sexual Assault
___ Genetic Testing	___ Domestic Violence	___ Other: Specify _____	
___ Blood Alcohol	___ Venereal Disease		

___ Drug/Alcohol Diagnosis (Type and amount of information to be disclosed (required by federal law): _____

6. **The above information is disclosed for the following purposes:**
___ Medical Care X Legal ___ Insurance ___ Personal ___ Other _____

7. I (1) understand that if the entity receiving the information described above is not a health-care provider or affiliated with a health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected by these regulations or other applicable state or federal laws, (2) understand that I may revoke this authorization at any time, provided that I do so in writing to the above-referenced hospital or other medical provider, except to the extent that action has been taken in reliance on this authorization or during a contestability period under applicable law, and (3) authorize disclosure of my information via mail, e-mail, telephone, the internet, or electronic facsimile.
Check here _____

8. This authorization expires on (upon) This authorization expires on the following date, if not revoked earlier(Insert applicable date or event) Termination of Litigation

9. a. _____
Signature of Patient or Legal Representative

b. _____
Date

c. _____
Printed Name of Patient or Patient's Legal Representative

d. _____
Relationship of Legal Rep. to Patient or Source of Legal Rep.'s Authority to Act on Behalf of Patient (if applicable)

IMPORTANT:

THIS AUTHORIZATION SHALL BE DEEMED INVALID UNLESS ALL NUMBERED ENTRIES (INCLUDING SUB-PARTS) ARE COMPLETED

EXHIBIT 5

Nasser, Catherine S.

From: Nasser, Catherine S.
Sent: Wednesday, September 21, 2005 3:10 PM
To: 'hwilgoren@kahalaslaw.com'; 'hwilgoren@aol.com'
Cc: Gruen, Dana B.
Subject: Connick v. CNA

Howard,

I am sending this e-mail in confirmation of our conversation yesterday, September 20, 2005, regarding Ms. Connick's responses to CNA's interrogatories and document requests and her execution of CNA's medical authorization forms.

As we discussed on August 29 and again yesterday, it is our position that the information requested dating from 1994 to the present is pertinent to CNA's defense of this matter and its potential designation of an expert.

In our conversation yesterday, you agreed to provide CNA with the information and documents requested, dating from 1994 to the present. This includes information and documentation relating to Ms. Connick's 1994/1995 leave from CNA.

Per your request, I have attached the medical releases that were sent to you on May 24, 2005, and the additional medical releases that were sent to you on September 1, 2005. (see below) In total, there are six releases.

Additionally, Ms. Connick's responses to the following interrogatories and document requests were limited to a post-1999 timeframe: Interrogatories 11, 12, 17 and 18 and Document Request No. 13. Please supplement these requests with information and documentation that dates back to 1994. This includes session and progress notes from Ms. Connick's treatment pre-1999 and post-2000.

The close of discovery in this matter is approaching. As these discovery requests and medical authorization forms have been outstanding for some time, we request that you provide us with the information requested herein as soon as possible. Specifically, we request that Ms. Connick execute and return the medical releases to me by September 28, and that Ms. Connick respond to the above-noted discovery requests by October 5.

Given the delay in producing the above-referenced information, we expect that you would not oppose a motion to extend the discovery deadline should one become necessary. Please advise if this is not the case.

Please contact me with any questions.

Catherine Nasser

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